

JUL 12 1945

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amanda Volcamut

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Joe volcamut
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25 1888
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Hermann, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Gottlieb Grossmann

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Christina Rapp

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Volcamut

(b) Address Hermann

17. (a) Burial (b) Date thereof 6/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann Mo.

18. (a) Signature of funeral director _____

(b) Address Hermann, Mo.

19. (a) June 25/45 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 12
1945, to June 22nd, 1945;

that I last saw her alive on June 12th, 1945;

and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of uterus. Duration 8 mo.

Due to prolapse 50 yrs

Due to _____

Other conditions nephritis, arteriosclerosis
(Include pregnancy within 5 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. H. Siedler, D. O. (M. D. or other)

Address Hermann, Mo. Date signed 6/25/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7
1
0

RECEIVED

District Health Officer No. 9,

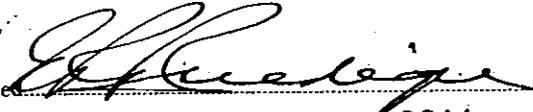
District File Number.....

Date Filed 7-10-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed 

Licensed Embalmer No. 2044

P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.